



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-261  
401.222.304

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000145993		2. Name of Corporation Ivy Funds Distributor, Inc.	
3. Street Address Principal Business Office 6300 Lamar Avenue		City Overland Park	State KS
		Zip 66202	
4. Business Phone No. (913) 236-2320	5. State of Incorporation Florida		
5. Brief Description of the Character of Business Conducted in Rhode Island Broker-Dealer			

**7. NAMES AND ADDRESSES OF THE OFFICERS. ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Thomas W. Butch			Vice President Name J. Bradley Ross		
Street Address 6300 Lamar Avenue			Street Address 6300 Lamar Avenue		
City Overland Park	State KS	Zip 66202	City Overland Park	State KS	Zip 66202
Secretary Name Wendy J. Hills			Treasurer Name Brent K. Bloss		
Street Address 6300 Lamar Avenue			Street Address 6300 Lamar Avenue		
City Overland Park	State KS	Zip 66202	City Overland Park	State KS	Zip 66202

**8. NAMES AND ADDRESSES OF THE DIRECTORS. ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Thomas W. Butch			Director Name Daniel P. Connealy		
Street Address 6300 Lamar Avenue			Street Address 6300 Lamar Avenue		
City Overland Park	State KS	Zip 66202	City Overland Park	State KS	Zip 66202
Director Name Michael D. Strohm			Director Name		
Street Address 6300 Lamar Avenue			Street Address		
City Overland Park	State KS	Zip 66202	City	State	Zip

**9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	\$.001 Par Value	100	Common	.001
THIS SECTION MUST BE COMPLETED					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

RECEIVED M.S.  
BEFORE 3:00 PM  
JAN 22 2008  
WADDELL & REED  
SERVICES, INC.

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: Wendy J. Hills Date: 1-7-08  
Print or Type Name: Wendy J. Hills  
Title: Secretary

**FILED**

File Date: FEB 04 2008

Check No.:

By: 606400

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